Complete Summary

GUIDELINE TITLE

Pain management guidelines.

BIBLIOGRAPHIC SOURCE(S)

Health Care Association of New Jersey (HCANJ). Pain management guidelines. Hamilton (NJ): Health Care Association of New Jersey (HCANJ); 2005 Jan. 18 p.

GUIDELINE STATUS

This is the current release of the guideline.

* * REGULATORY ALERT * *

FDA WARNING/REGULATORY ALERT

Note from the National Guideline Clearinghouse: This guideline references a drug(s) for which important revised regulatory information has been released.

On April 7, 2005, after concluding that the overall risk versus benefit profile is unfavorable, the FDA requested that Pfizer, Inc voluntarily withdraw Bextra (valdecoxib) from the market. The FDA also asked manufacturers of all marketed prescription nonsteroidal anti-inflammatory drugs (NSAIDs), including Celebrex (celecoxib), a COX-2 selective NSAID, to revise the labeling (package insert) for their products to include a boxed warning and a Medication Guide. Finally, FDA asked manufacturers of non-prescription (over the counter [OTC]) NSAIDs to revise their labeling to include more specific information about the potential gastrointestinal (GI) and cardiovascular (CV) risks, and information to assist consumers in the safe use of the drug. See the FDA Web site for more information.

Most recently, on June 15, 2005, the FDA requested that sponsors of all non-steroidal anti-inflammatory drugs (NSAID) make labeling changes to their products. FDA recommended proposed labeling for both the prescription and over-the-counter (OTC) NSAIDs and a medication guide for the entire class of prescription products. All sponsors of marketed prescription NSAIDs, including Celebrex (celecoxib), a COX-2 selective NSAID, have been asked to revise the labeling (package insert) for their products to include a boxed warning, highlighting the potential for increased risk of cardiovascular (CV) events and the well described, serious, potential life-threatening gastrointestinal (GI) bleeding associated with their use. FDA regulation 21CFR 208 requires a Medication Guide to be provided with each prescription that is dispensed for products that FDA determines pose a serious and significant public health concern. See the FDA Web site for more information.

Additional Notice

On July 8, 2005, Janssen and the U.S. Food and Drug Administration (FDA) notified healthcare professionals of changes to the Boxed Warning/Warnings, Contraindications, Precautions, and Dosage and Administration sections of the prescribing information for Duragesic (transdermal fentanyl). These changes include important safety information in the following areas of the labeling: Use Only in Opioid-Tolerant Patients, Misuse, Abuse and Diversion, Hypoventilation (Respiratory Depression), Interactions with CYP3A4 Inhibitors, Damaged or Cut Patches, Accidental Exposure to Fentanyl, Chronic Pulmonary Disease, Head Injuries and Intracranial Pressure, Interactions with Other CNS Depressants, and Interactions with Alcohol and Drugs of Abuse. See the FDA Web site for more information.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Pain

GUIDELINE CATEGORY

Evaluation
Management

CLINICAL SPECIALTY

Family Practice
Geriatrics
Internal Medicine
Nursing
Physical Medicine and Rehabilitation

INTENDED USERS

Advanced Practice Nurses
Allied Health Personnel
Health Care Providers
Nurses
Occupational Therapists
Physical Therapists
Physician Assistants
Physicians
Public Health Departments

GUIDELINE OBJECTIVE(S)

- To establish common definitions for terms used in pain management
- To promote the health, safety and welfare of residents in nursing facilities, assisted living, residential health care facilities, and adult health services, by establishing guidelines for the assessment, monitoring, and management of pain
- To provide professional staff with standards of practice that will assist them in the effective assessment, monitoring, and management of the resident's pain
- To educate the resident, family, and staff
- To limit liability of health care providers
- To comply with State of New Jersey's Pain Management regulations

TARGET POPULATION

Adult patients/residents in nursing facilities, assisted living, residential health care facilities, or adult day health service facilities located in New Jersey

INTERVENTIONS AND PRACTICES CONSIDERED

Evaluation

1. Pain screen (upon admission)
2. Use of pain rating scale (Wong-Backer, Numerical, or FLACC [face, legs, activity, cry, consolability] scale)
3. Pain assessment

Management

1. Formulation and implementation of a specific pain treatment plan
2. Rehabilitation treatment modalities
    - Physical therapy (PT)
        - Therapeutic exercises
        - Manual therapy
        - Modalities
    - Occupational therapy (OT) (interventions for pain reduction)
    - Illustrated home exercise program upon discharge (both physical and occupational therapy components)

3. Pharmacological interventions
    - Non-opioid analgesics

    - Opioid analgesics
    - Other classes of drugs
4. Alternative interventions
5. Documentation of pain assessment findings, treatment findings, and resident response
6. Education and continuous training
    - Facility staff training
    - Patient/resident/family education

MAJOR OUTCOMES CONSIDERED

- Pain severity, character, frequency, pattern, location, duration
- Interventions to promote comfort
- Quality of life

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

The development process includes a review of practice guidelines completed by others, literature review, expert opinions, and consensus. The guidelines are consistent with these principles:

- Relative simplicity
- Ease of implementation
- Evidence-based criteria
- Inclusion of suggested, appropriate forms
- Applicable to various long term care settings
- Consistent with regulatory requirements
- Utilization of minimum data set (MDS) (resident assessment instrument [RAI]) terminology, definitions and data collection

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Definitions

- Pain means an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.
    A. Pain Classification
        - Somatic Pain: Result of activation of nociceptors (sensory receptors) sensitive to noxious stimuli in cutaneous or deep tissues. Experienced locally and described as constant, aching and gnawing. The most common type in cancer patients.
        - Visceral Pain: Mediated by nociceptors. Described as deep, aching and colicky. Is poorly localized and often is referred to

cutaneous sites, which may be tender. In cancer patients, results from stretching of viscera by tumor growth.

B. Chronic Pain Classification
- Nociceptive pain: Visceral or somatic. Usually derived from stimulation of pain receptors. May arise from tissue inflammation, mechanical deformation, ongoing injury, or destruction. Responds well to common analgesic medications and nondrug strategies.
- Neuropathic Pain: Involves the peripheral or central nervous system. Does not respond as predictably as nociceptive pain to conventional analgesics. May respond to adjuvant analgesic drugs.
- Mixed or undetermined pathophysiology: Mixed or unknown mechanisms. Treatment is unpredictable; try various approaches.
- Psychologically based pain syndromes: Traditional analgesia is not indicated.

- Pain Management means the assessment of pain and, if appropriate, treatment in order to assure the needs of residents of health care facilities who experience problems with pain are met. Treatment of pain may include the use of medications or application of other modalities and medical devices, such as, but not limited to, heat or cold, massages, transcutaneous electrical nerve stimulation (TENS), acupuncture, and neurolytic techniques such as radiofrequency coagulation and cryotherapy.
- Pain Rating Scale means a tool that is age cognitive and culturally specific to the resident population to which it is applied and which results in an assessment and measurement of the intensity of pain.
- Pain Treatment plan means a plan, based on information gathered during a resident pain assessment that identifies the resident's needs and specifies appropriate interventions to alleviate pain to the extent feasible and medically appropriate.

<u>Program Outline</u>

I. Pain Screen
   A. A Pain Screen, including a Pain Rating Scale, shall be conducted upon admission.

II. Pain Rating Scale
   A. One of the 3 following Pain Rating Scales shall be used as appropriate for the individual resident:
      1. Wong-Baker Scale
      2. Numerical Scale
      3. FLACC (face, legs, activity, cry, consolability) Scale

   B. A Pain Rating Scale shall be completed and documented, at a minimum, in the following circumstances:
      1. As part of the Pain Screening upon admission
      2. Upon re-admission
      3. Upon day of planned discharge (send a copy with the resident)

4. When warranted by changes in the resident's condition or treatment plan
5. Self reporting of pain and/or evidence of behavioral cues indicative of the presence of pain
6. To identify and monitor the level of pain and/or the effectiveness of treatment modalities until the resident achieves consistent pain relief or pain control

C. If the resident is cognitively impaired or non-verbal, the facility shall utilize pain rating scales for the cognitively impaired and non-verbal resident. Additionally, the facility shall seek information from the resident's family, caregiver, or other representative, if available and known to the facility.

III. Pain Assessment

A. A complete Pain Assessment shall be done if the Pain Rating Scale score is above 0 in the circumstances listed above in II-B, no. 1-5.
B. In nursing facilities, a complete Pain Assessment shall be completed at the time of the quarterly Minimum Data Set (MDS) if pain has been recorded.
C. In assisted living facilities, the semi-annual wellness nursing assessment shall include a pain rating scale. If greater than 0, a Pain Assessment shall be completed.
D. In residential health care and adult day health services, a Pain Assessment shall be completed when pain is reported, and should be completed at least annually thereafter.

IV. Tools

A. Pain Screen
B. Pain Rating Scale
C. Pain Assessment

V. Treatment Plan Development and Implementation

A. Information collected from the Pain Assessment is to be used to formulate and implement a resident-specific Pain Treatment Plan within the facility, or the resident shall be referred for treatment or consultation.
B. Rehabilitation Treatment Modalities (Physical Therapy [PT]/Occupational Therapy [OT]):
    1. PT Intervention: Therapeutic Exercise
        - Passive range of motion, active assistive range of motion, active range of motion, progressive resistive exercise, balance training, gait training, postural correction and reeducation, ergonomics
    2. PT Intervention: Manual Therapy
        - Mobilization and manipulation of the joints, craniosacral therapy, myofascial release, massage
    3. PT Intervention: Modalities
        - Electrical stimulation, transcutaneous electrical nerve stimulation (TENS), iontophoresis, ultrasound, diathermy, infrared, hydrotherapy (warm), fluid therapy, cold laser, hot packs, paraffin wax therapy, ice packs

4. OT Intervention for Pain Reduction:
    - Activity of daily living, adaptive devices to simplify tasks, energy conservation techniques, therapeutic exercises, wheelchair measurement, wheelchair positioning devices, bed positioning devices, cushions for appropriate pressure relief, splinting for stretching tight joints/muscles, reduce pain and prevent pressure sore
5. Both PT and OT upon discharge from the therapy program should provide:
    - Illustrated home exercise program, in-service to caregiver

C. Pharmacological Intervention:
1. Non-opioid analgesics, such as acetaminophen, aspirin, and nonsteroidal anti-inflammatory drugs (NSAIDs), cyclooxygenase-2 (cox-2) inhibitors and tramadol
    - Considered but not recommended: Indomethacin, Piroxicam, Tolmetin, Meclofenamate.
2. Opioid analgesics (oxycodone; morphine, transdermal fentanyl; hydromorphone; methadone; combination opioid preparations, such as codeine, hydrocodone, oxycodone)
    - Considered but not recommended: Propoxyphene, Meperidine, Pentazocine, Butorphanol
3. Other classes of drugs (corticosteroids, anticonvulsants, clonazepam, carbamazepine, anti-arrhythmics, topical local anesthetics, topical counter-irritants)
4. Monitoring for safety and side effects of medications
5. Principles of Pharmacological treatment of chronic pain:
    - Administer medication routinely, not as needed (PRN).
    - Use the least invasive route of administration first. The oral route is preferred.
    - Begin with a low dose. Titrate carefully until comfort is achieved.
    - Reassess and adjust dose frequently to optimize pain relief while monitoring and managing side effects.
    - Maximize therapeutic effect while minimizing medication side effects.
6. General Treatment Principles:
    - Ask about pain regularly.
    - Believe the patient's and family's reports of pain and what relieves it.
    - Choose appropriate pain control options.
    - Deliver interventions in a timely, logical, and coordinated fashion.
    - Empower patients and their families.

D. Alternative Interventions:
1. Acupuncture, reflexology, aroma therapy, music therapy, dance therapy, yoga, hypnosis, relaxation and imagery, distraction and reframing, psychotherapy, peer support group, spiritual, chiropractic, magnet therapy, bio-feedback, meditation, relaxation techniques

E. Pain Assessment findings shall be documented in the resident's medical record. This shall include, but not be limited to, the date, pain rating, treatment plan, and resident response.

VI. Education and Continuous Training

A. The policy for each facility shall include the criteria found in subchapter 6, General Licensure Procedures and Enforcement of Licensure Rules, NJAC 8:43E 6.5 (a) 1-4, (b):

"(a) Each facility shall develop, revise as necessary, and implement a written plan for the purpose of training and educating staff on pain management. The plan shall include mandatory educational programs that address at least the following:

1. Orientation of new staff to the facility's policies and procedures on pain assessment and management
2. Training of staff in pain assessment tools; behaviors potentially indicating pain; personal cultural, spiritual, and/or ethnic beliefs that may impact a patient's/resident's perception of pain; new equipment, and new technologies to assess and monitor a patient's/resident's pain status
3. Incorporation of pain assessment, monitoring and management into the initial orientation, and ongoing education of all appropriate staff
4. Patient/resident rights

(b) Implementation of the plan shall include records of attendance for each program."

B. Patient/Resident/Family Education

1. Explain causes of the pain, assessment methods, treatment options and goals, use of analgesics, and self-help techniques.
2. Regularly reinforce educational content.
3. Provide specific education before special treatments and/or procedures.

VII. Continuous Quality Improvement Policy

The policy for each facility shall include the criteria found in subchapter 6, General Licensure Procedures and Enforcement of Licensure Rules, NJAC 8:43E 6.6:

"The facility's continuous quality improvement program shall include a systematic review and evaluation of pain assessment, management, and documentation practices. The facility shall develop a plan by which to collect and analyze data in order to evaluate outcomes or performance. Data analysis shall focus on recommendations for implementing corrective actions and improving performance."

VIII. Policy

A. Each facility shall develop a policy to define the system for assessing and monitoring resident pain.
B. The policy for each facility shall include the criteria found in subchapter 6, General Licensure Procedures and Enforcement of Licensure Rules, NJAC 8:43E 6.4(f) 1-7:

"(f) The facility shall establish written policies and procedures governing the management of pain that are reviewed at least every three years and revised more frequently as needed. They shall include at least the following:

1. A written procedure for systematically conducting periodic assessment of a patient's/resident's pain, as specified in (b) above. At a minimum the procedure must specify pain assessment upon admission, upon discharge, and when warranted by changes in a patient's/resident's condition and self reporting of pain
2. Criteria for the assessment of pain, including, but not limited to: pain intensity or severity, pain character, pain frequency or pattern, or both; pain location, pain duration, precipitating factors, responses to treatment and the personal, cultural, spiritual, and/or ethnic beliefs that may impact an individual's perception of pain
3. A written procedure for the monitoring of a patient's/resident's pain
4. A written procedure to insure the consistency of pain rating scales across departments within the health care facility
5. Requirements for documentation of a patient's/resident's pain status on the medical record
6. A procedure for educating patients/residents and, if applicable, their families about pain management when identified as part of their treatment
7. A written procedure for systematically coordinating and updating the pain treatment plan of a patient/resident in response to documented pain status."

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting the recommendations is not specifically stated.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Appropriate evaluation, management, and monitoring of pain in residents in nursing facilities, assisted living, residential health care facilities, and adult day health services may help reduce the incidence and severity of pain and, in some cases, help minimize further health problems and enhance quality of life.
- Use of the guideline may improve the efficiency and effectiveness of the pain management process and related documentation.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

- This Best Practice Guideline is presented as a model only by way of illustration. It has not been reviewed by counsel. Before applying a particular form to a specific use by your organization, it should be reviewed by counsel knowledgeable concerning federal and state health care laws rules and regulations. It should not be used or relied upon in any way without consultation with and supervision by qualified physicians and other healthcare professionals who have full knowledge of each particular resident's case history and medical condition.
- This Best Practice Guideline is offered to nursing facilities, assisted living, residential health care facilities, adult day health service providers, and professionals for informational and educational purposes only.
- The Health Care Association of New Jersey, its heirs, executers, administrators, successors, and members hereby disclaim any and all liability for damage of whatever kind resulting from the use, negligent or otherwise, of all Best Practice Guidelines.
- The guideline assumes that recovery/rehabilitation is the treatment or care plan goal. Sometimes, other goals may be appropriate. For example, for patients receiving palliative care, promotion of comfort (pain control) and dignity may take precedence over other guideline objectives. Guidelines may need modification to best address each patient and family's expectations and preferences.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

Suggested implementation strategies are discussed in the original guideline document sections titled "Education and Continuous Training," "Continuous Quality Improvement," and "Policy." Refer to the "Major Recommendations" field for more information on these topics. In addition, a number of Pain Management Tools are provided in the original guideline document.

IMPLEMENTATION TOOLS

Audit Criteria/Indicators
Chart Documentation/Checklists/Forms
Resources

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Health Care Association of New Jersey (HCANJ). Pain management guidelines. Hamilton (NJ): Health Care Association of New Jersey (HCANJ); 2005 Jan. 18 p.

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2005 Jan

GUIDELINE DEVELOPER(S)

Health Care Association of New Jersey - Private Nonprofit Organization

GUIDELINE DEVELOPER COMMENT

Not applicable

SOURCE(S) OF FUNDING

Health Care Association of New Jersey

GUIDELINE COMMITTEE

Best Practice Committee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Not stated

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the Health Care Association of New Jersey Web site.

Print copies: Available from the Health Care Association of New Jersey, 4 AAA Drive, Suite 203, Hamilton, New Jersey 08691-1803

AVAILABILITY OF COMPANION DOCUMENTS

The following implementation tools are available in the original guideline document:

- Pain screen form
- Pain rating scales
- Pain assessment form
- Pain management: rating/medication administration record
- Pain management: rating/treatment administration record
- Data collection for analysis, outcome evaluation, and performance improvement forms

Electronic copies: Available in Portable Document Format (PDF) from the Health Care Association of New Jersey Web site.

Print copies: Available from the Health Care Association of New Jersey, 4 AAA Drive, Suite 203, Hamilton, New Jersey 08691-1803

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on July 18, 2005. The information was verified by the guideline developer on July 20, 2005.

COPYRIGHT STATEMENT

Per the Health Care Association of New Jersey, this guideline is not copyright restricted.

DISCLAIMER

NGC DISCLAIMER

The National Guideline Clearinghouse™ (NGC) does not develop, produce, approve, or endorse the guidelines represented on this site.

All guidelines summarized by NGC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public or private organizations, other government agencies, health care organizations or plans, and similar entities.

Guidelines represented on the NGC Web site are submitted by guideline developers, and are screened solely to determine that they meet the NGC Inclusion Criteria which may be found at http://www.guideline.gov/about/inclusion.aspx.

NGC, AHRQ, and its contractor ECRI make no warranties concerning the content or clinical efficacy or effectiveness of the clinical practice guidelines and related materials represented on this site. Moreover, the views and opinions of developers or authors of guidelines represented on this site do not necessarily state or reflect those of NGC, AHRQ, or its contractor ECRI, and inclusion or hosting of guidelines in NGC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding guideline content are directed to contact the guideline developer.

Date Modified: 10/9/2006